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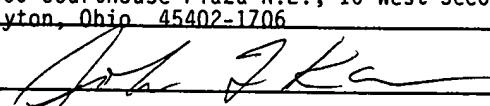
|  |    |                        |                  |
|--|----|------------------------|------------------|
|  |    | Application Number     | 09/691,017       |
|  |    | Filing Date            | October 18, 2000 |
|  |    | First Named Inventor   | Haruo Kamei      |
|  |    | Group Art Unit         |                  |
|  |    | Examiner Name          |                  |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | 550718-077       |

## ENCLOSURES (check all that apply)

|  |   |  |
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| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27             |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

### Remarks

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Submission of Priority Document, Return Postcard

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Thompson Hine & Flory LLP<br>2000 Courthouse Plaza N.E., 10 West Second Street<br>Dayton, Ohio 45402-1706 |
| Signature                                  |                        |
| Date                                       | December 21, 2000   |

| CERTIFICATE OF MAILING   |   |
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